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**FACSIMILE TRANSMITTAL SHEET**

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TO: U.S. Patent and Trademark Office  
Group 3743 - N. Patel

FROM: Guy Tucker

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DATE: September 13, 2004

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RE: U.S. Serial No. 10/852,408

PAGES: 13

(INCLUDING COVER)

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☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

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NOTES/COMMENTS:

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Practitioner's Docket No. 0079.00

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Schuler et al., Carlos

Application No.: 09/852,408

Group No.: 3743

Filed: 05/09/2001

Examiner: Nihir Patel

For: LOCKOUT MECHANISM FOR AEROSOL DRUG DELIVERY DEVICES

Assistant Commissioner for Patents  
Washington, D.C. 20231RECEIVED  
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## AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

## STATUS

2. Applicant is other than a small entity.

## EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for three months:

Fee: \$950.00

## CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

## MAILING

- ☐ deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Date: 9/13/04

## FACSIMILE

- ☒ transmitted by facsimile to the Patent and Trademark Office.

Kathy Honnert  
SignatureKathy Honnert  
(type or print name of person certifying)

(Amendment Transmittal--page 1 of 5)

**FEE FOR CLAIMS**

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1)		(Col.2)	(Col.3)	OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	36	Minus	36	= 0	x \$18 =	\$0
Indep.	4	Minus	4	= 0	x \$78 =	\$0
First Presentation of Multiple Dependent Claim					+ \$260 =	\$0
Total						Addit. Fee \$0

No additional fee for claims is required.

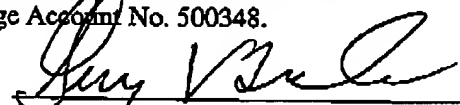
**FEE PAYMENT**

5. Charge Account No. 500348 the sum of \$950.00. A duplicate of this transmittal is attached.

**FEE DEFICIENCY**

6. If any additional extension and/or fee is required, charge Account No. 500348.  
If any additional fee for claims is required, charge Account No. 500348.

Date: 13 SEP 2004

  
Signature of Practitioner

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(Amendment Transmittal--page 2 of 5)